

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90347 029 ***150.00

0602858 AT

DOCUMENT # P23640

1. Entity Name
UNITED DENTAL CARE INSURANCE COMPANY

Principal Place of Business

**13601 PRESTON RD
 STE. 500 EAST
 DALLAS TX 75240
 US**

Mailing Address

**2801 HWY 280 SOUTH
 BIRMINGHAM AL 35223
 US**

2. Principal Place of Business

2323 Grand Blvd.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 419052

Suite, Apt. #, etc.

City & State

Kansas City, MO

City & State

Kansas City, MO

4. FEI Number

86-0538651

Applied For

Not Applicable

Zip

64108-2670

Country

USA

Zip

64141-6052

Country

USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FLORIDA INSURANCE COMMISSIONER
 THE CAPITOL BUILDING
 TALLAH. SEE FL 32339-0300**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	CEO	<input checked="" type="checkbox"/> Delete
NAME	CALOS, CHRIS T	
STREET ADDRESS	2801 HWY 280 SOUTH	
CITY-ST-ZIP	BIRMINGHAM AL 35223	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	STEVENS, DAVID C	
STREET ADDRESS	2801 HWY 280 SOUTH	
CITY-ST-ZIP	BIRMINGHAM AL 35223	
TITLE	VPT	<input checked="" type="checkbox"/> Delete
NAME	DEFOOR, JERRY.W	
STREET ADDRESS	2801 W 280 S	
CITY-ST-ZIP	BIRMINGHAM AL 35223	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	LONG, DEBORAH J	
STREET ADDRESS	2801 HWY 280 SOUTH	
CITY-ST-ZIP	BIRMINGHAM AL 35223	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BEILEN, RICHARD J	
STREET ADDRESS	2801 HWY 280 SOUTH	
CITY-ST-ZIP	BIRMINGHAM AL 35223	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	THIGPEN, CARL	
STREET ADDRESS	2801 HWY 280 SOUTH	
CITY-ST-ZIP	BIRMINGHAM AL 35223	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael J. Peninger	
STREET ADDRESS	2323 Grand Blvd.	
CITY-ST-ZIP	Kansas City, MO 64108	
TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bradley C. Johnson	
STREET ADDRESS	2323 Grand Blvd.	
CITY-ST-ZIP	Kansas City, MO 64108	
TITLE	VP/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Floyd F. Chadee	
STREET ADDRESS	2323 Grand Blvd.	
CITY-ST-ZIP	Kansas City, MO 64108	
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kenneth D. Bowen	
STREET ADDRESS	2323 Grand Blvd.	
CITY-ST-ZIP	Kansas City, MO 64108	
TITLE	Actuary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jack Simon	
STREET ADDRESS	3595 Grandview Parkway, Suite 150	
CITY-ST-ZIP	Birmingham, AL 35243	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kenneth D. Bowen
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth D. Bowen 3/19/02 816-474-2357

Date

Daytime Phone #

CR2E034 (9/01)